PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

| | | 10/57368/ | | | | | | | | |
|------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------------|------------------------------------------|---------------------------------------------|---------------------|-----------------------|------------------------|----------------------------|---------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | SMALL ENTITY TYPE | | OTHER THAN OR SMALL ENTITY | | |
| U.S. NATIONAL STAGE FEES | | | | | | RATE | FEE | | RATE | FEE |
| BASIC FEE | | | | | | BASIC FEE | | OR | BASIC FEE | 300 |
| EXAMINATION FEE | | | | | | EXAM. FEE | | | EXAM. FEE | 200 |
| SEARCH FEE | | | | | | SEARCH FEE | | | SEARCH FEE | 400 |
| FEE FOR EXTRA SPEC. PGS. | | | minus 100 = | | / 50 = | X \$ 125 = | | | X \$ 250 = | |
| TOTAL CHARGEABLE CLAIMS | | | // minus 20 = * | | | X \$ 25 = | | OR | X \$ 50 = | |
| INDEPENDENT CLAIMS | | | 2 - | ninus 3 = * | | X \$ 100 = | | OR | X \$ 200 = | |
| MUL | TIPLE DEPEN | DENT CLAIM PR | ESENT | | | + \$ 180 = | | OR | + \$ 360 = | |
| * If | the difference | in column 1 is | less than zer | o, enter "0" in | column 2 | TOTAL | | OR | TOTAL | 900 |
| | CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST | | | | | SMALL E | NTITY ADDI- | OR] | OTHER SMALL E | |
| AMENDMENT A | | REMAINING AFTER AMENDMENT | | NUMBER PREVIOUSL' PAID FOR | PRESENT Y EXTRA | RATE | TIONAL FEE | | RATE | TIONAL FEE |
| | Total | * | Minus | ** | = | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | = | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| | | TOTAL ADDIT. FFF | | OR | TOTAL ADDIT. | | | | | |
| | | (Column 1) | | (Column 2) |) (Column 3) | | | | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | = | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | = | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| | | | | | | TOTAL ADDIT. | | OR | TOTAL ADDIT. | |
| | | | | | | | | | | |
| * | If the entry in col | umn 1 is less than th | ne entry in column | 2. write "0" in colu | umn 3. | | | | | |
| ** | If the "Highest No If the "Highest No | umber Previously Pa umber Previously Pa | aid For" IN THIS S aid For" IN THIS S | SPACE is less than SPACE is less than | n '20', enter "20". | in the appropriate bo | x in column | 1 | | |